

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>214509446</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>FirstEnergy Solutions Corp.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX ROAD, SUITE 285</b>  <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>OH</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>2/28/2014</b></p> <p>SCC ID NO: <b>F1410275</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>750</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	750
CLASS	AUTHORIZED					
COMMON	750					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 341 WHITE POND DRIVE</p> <p style="text-align: center;">CITY/ST/ZIP: AKRON, OH 44320</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DONALD R SCHNEIDER  TITLE: PRESIDENT  ADDRESS: 76 SOUTH MAIN STREET  CITY/ST/ZIP/CO: AKRON, OH 44308 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DONALD R SCHNEIDER TITLE: PRESIDENT ADDRESS: 76 SOUTH MAIN STREET CITY/ST/ZIP/CO: AKRON, OH 44308	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME:	ANTHONY J ALEXANDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	76 SOUTH MAIN ST		
CITY/ST/ZIP/CO:	AKRON, OH 44308		
NAME:	JAMES H. LASH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	76 SOUTH MAIN STREET		
CITY/ST/ZIP/CO:	AKRON, OH 44308		
NAME:	ROBERT P. REFFNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/GC		
ADDRESS:	76 SOUTH MAIN STREET		
CITY/ST/ZIP/CO:	AKRON, OH 44308		
NAME:	GERARD J. BELLITT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/REV MGMT		
ADDRESS:	341 WHITE POND DRIVE		
CITY/ST/ZIP/CO:	AKRON, OH 44320		
NAME:	JAMES G. GARANICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TAX		
ADDRESS:	76 SOUTH MAIN STREET		
CITY/ST/ZIP/CO:	AKRON, OH 44308		
NAME:	JAMES G. MELLODY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/FUEL-UNIT		
ADDRESS:	341 WHITE POND DRIVE		
CITY/ST/ZIP/CO:	AKRON, OH 44320		
NAME:	KELLEY E. MENDENHALL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/RTL OP/MRKT		
ADDRESS:	341 WHITE POND DRIVE		
CITY/ST/ZIP/CO:	AKRON, OH 44320		
NAME:	DONALD A. MOUL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/COMMODITY OP		
ADDRESS:	341 WHITE POND DRIVE		
CITY/ST/ZIP/CO:	AKRON, OH 44320		
NAME:	K. JON TAYLOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CONTROLLER		
ADDRESS:	76 SOUTH MAIN STREET		
CITY/ST/ZIP/CO:	AKRON, OH 44308		
NAME:	JASON J. LISOWSKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST CONTROLLER		
ADDRESS:	76 SOUTH MAIN STREET		
CITY/ST/ZIP/CO:	AKRON, OH 44308		
NAME:	JOSEPH W. Mulpas	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST CONTROLLER		
ADDRESS:	76 SOUTH MAIN STREET		
CITY/ST/ZIP/CO:	AKRON, OH 44308		

NAME: TRENT A. SMITH TITLE: VP/SALES-MKTG ADDRESS: 341 WHITE POND DRIVE CITY/ST/ZIP/CO: AKRON, OH 44320	<input checked="checked" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KEVIN T. WARVELL TITLE: VP/COMM OP ADDRESS: 341 WHITE POND DRIVE CITY/ST/ZIP/CO: AKRON, OH 44320	<input checked="checked" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ ROBERT P.REFFNER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT P.REFFNER, PRINTED NAME AND CORPORATE TITLE
2/21/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	